

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	14420US02
First Inventor	Meier
Title	REDUNDANT RADIO FREQUENCY NETWORK HAVING A ROAMING TERMINAL COMMUNICATION PROTOCOL
Express Mail Label No.	EL 848970160 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 79]
(preferred arrangement set forth below)
-Descriptive title of the invention
-Cross Reference to Related Applications
-Statement Regarding Fed sponsored R&D
-Reference to sequence listing, a table, or a computer
program listing appendix
-Background of the Invention
-Brief Description of the Drawings (if filed)
-Detailed Description
-Claim(s)
-Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 6]
5. Oath or Declaration [Total Sheets]
a. ☐ Newly executed (original or copy)
b. ☒ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
a. ☐ Computer Readable Form (CRF)
b. Specification Sequence Listing on:
i. ☐ CD-ROM or CD-R (2 copies); or
ii. ☐ Paper
c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & documents(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122(b)
(2)(B)(i). Applicant must attach form PTO/SB/35 or
its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 09/960,265

Prior application information:

Examiner: B.A. ZimmermanArt Unit: 2635

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number: 23446 OR ☐ Correspondence address below

Name					
Address					
City		State		Zip Code	
Country		Telephone	312-775-8000	Fax	312-775-8100
Name (Print/type)	Shawn L. Peterson		Registration No. (Attorney/Agent)		44,286
Signature	<i>Shawn L. Peterson</i>		Date	January 22, 2004	

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persona are required to respond to a collection of information unless it displays a valid OMB control number.

<h2 style="text-align: center;">FEE TRANSMITTAL for FY 2004</h2> <p style="text-align: center;">Patent Fees are subject to annual revision.</p>		Complete if Known	
		Application Number	unassigned
		Filing Date	herewith
		First Named Inventor	Meier
		Examiner Name	B.A. Zimmerman
TOTAL AMOUNT OF PAYMENT (\$) 770.00		Group Art Unit	2635
		Attorney Docket No.	14420US02

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 13-0017</p> <p>Deposit Account Name: McAndrews Held & Malloy</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		<p>3. 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1201	86	2201	43	Independent claims in excess of 3																																																																																																																																																																																		
1203	290	2203	145	Multiple dependent claim, if not paid																																																																																																																																																																																		
1204	86	2204	43	**Reissue independent claims over original patent																																																																																																																																																																																		
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent																																																																																																																																																																																		
<p>**or number previously paid, if greater; For Reissues, see above</p>		<p>*Reduced by Basic Filing Fee Paid</p> <p style="text-align: right;">SUBTOTAL (3) (\$)</p>																																																																																																																																																																																				

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Shawn L. Peterson	Registration No. (Attorney or Agent)	44,286
Telephone	312-775-8000		
Signature	<i>Shawn L. Peterson</i>	Date	January 22, 2004

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